

**COMMONWEALTH OF KENTUCKY  
BOARD OF MEDICAL IMAGING & RADIATION THERAPY**

**PLEASE SUBMIT THIS FORM ALONG WITH CONTINUING EDUCATION FOR RADIATION LICENSE RENEWALS**

**Renewal fee \$35.00.**

KENTUCKY LICENSE/CERTIFICATE NUMBER:

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FULL NAME:

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(First)

(Middle)

(Last)

MAILING ADDRESS:

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(City)

(State)

(ZIP Code)

CELL OR HOME PHONE NUMBER: 

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WORK PHONE NUMBER: 

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EMAIL ADDRESS: 

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DATE OF BIRTH: 

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NAME OF EMPLOYER:

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EMPLOYER ADDRESS:

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(City)

(State)

(ZIP Code)